IHIC Medication List Availability Workgroup

Proposed Recommendations to the IHIC Board of Directors (DRAFT v4)

Assigned Vision: *By 2010, current medication lists for all citizens of Indiana will be available to providers at the point of care/prescribing.*

Assumptions:

- In the stated IHIC vision we were provided:
  - The words "available to providers" are assumed to mean there is a system capable of providing an electronic medication list available to all providers at or below a reasonable cost.
  - "2010" means on or before December 31, 2010
- In addition to the RxHub data from pharmacy benefits managers, SureScripts will be able to provide medication lists that include data on filled prescriptions for all Indiana patients by the end of 2010.
- The "medication list" available to the provider to meet the goal did not have to be 100% complete on 100% of patients, but it did have to be from a credible and reasonably comprehensive source.

Caveats:

- Pending further instructions from the board, the workgroup has not performed an economic analysis to support its recommendations. The workgroup acknowledges there are costs that must be borne associated with both (a) the applications and infrastructure needed to transport and display medication lists electronically, and (b) the access to and aggregation of sources of electronic patient-level medication data.

Background:

- The workgroup concluded that for a given provider to have access to an electronic medication list, two conditions had to be met:
  1. The provider had to have access to an **application** that was capable of delivering a medication list
  2. The **data source** behind their application had to include their patient's medication information.

  Available Data Sources

  - SureScripts database – SureScripts is a not-for-profit national company in the business of ePrescribing and electronic medication list and formulary transactions.
    - Strengths
      - The only reasonably comprehensive national data source for medication information, SureScripts (formerly SureScripts-RxHub), includes data from pharmacy benefits managers and from dispensing transactions at pharmacies. Reportedly, SureScripts has patient records for about 70% of Indiana citizens.

- Limitations
  - In Indiana, currently, SureScripts can only provide data from pharmacy benefits managers – not pharmacies. This leave significant gaps in the data such as Medicaid, physician samples, VA, and any payor not using one of the SureScripts PBMs.
  - There are costs – sometimes significant – associated with access to SureScripts med lists. Costs depending on the clinical setting and the location within Indiana.

- Indiana Network for Patient Care (INPC) data base – The INPC is a community-wide clinical data repository system developed by the Regenstrief Institute.
  - Strengths
    - Already an aggregated source of comprehensive clinical data for many Indiana citizens – including medication lists.
    - Already capable of accessing and delivering SureScripts med lists
    - Has the potential to include med list data from sources SureScripts does not have including Medicaid, Wishard, and INSPECT.
    - The INPC is on a path to serve communities of more than half the population of the state.
    - Accessible via the internet at no cost to physicians
  - Limitations
    - The INPC is only accessible, today, in the 9 county Indianapolis area. Even when current contracts have been implemented, only half the state will be served by the INPC.
    - INPCs access to SureScripts data geographically limited and no access for med list purposes has been negotiated outside the Indianapolis, 9-county area.

- INSPECT database – INSPECT is a program operated by the State of Indiana whereby the dispensing of all controlled substances, by law, is reported to a central database.
  - Strengths
    - Currently available statewide
    - Accessible via the internet at no cost to physicians
  - Limitations
    - Includes only specific controlled substances (schedule II, III, IV and V controlled substances)

<u>Applications</u>

- EMRs and stand-alone ePrescribing applications (various)
  - Strengths
    - Providers will have familiarity and ownership with these applications since they use them daily.
    - If enabled by the physician practice, medication lists are delivered free of charge in the context of ePrescribing transactions.

- Limitations
  - Medication lists are only available in the context of an ePrescribing transaction.
  - Getting an electronic med list into a large variety of different applications may be a challenge of interoperability.

- INPC viewer
  - Strengths
    - The INPC viewer gives access to a broad variety of clinical data beyond med lists. It is a web-based application in broad use already (especially in the ED) and access is growing to other markets in Indiana.
    - The INPC tightly controls access to clinical information by establishing "need to know" via a demonstrated patient-provider relationship.
  - Limitations
    - The INPC viewer is not available in all markets; and, in the markets that it serves, its adoption is light outside the Emergency Department.
- Optimal Technology's PMP Data Collection Portal (INSPECT application)
  - Strengths
    - It is a web-based application available to all physicians across Indiana.
  - Limitations
    - Adoption and use by physicians would need to be expanded.
    - Any authorized user can access data on any patient without verification of a patient-provider relationship.

- Acknowledging Gaps and Barriers
  - The workgroup felt it was important to acknowledge certain categories of gaps and barriers to achieving the assigned vision.
    - Provider gaps
      - It is inevitable that there will be providers at the end of 2010 that still do not have access to an electronic medication list. These will include all physicians that do not ePrescribe who practice in (mostly rural) in markets not served by an HIE.
    - Data gaps
      - It is inevitable that the electronic medication list that can be provided at the end of 2010 will be missing some data. Data gaps will include those created by:
        - The 18% of Indiana pharmacies (including Marsh) that are not ePrescribing enabled.
        - $4 cash prescriptions for which corresponding "shadow claims" are not filed by the dispensing pharmacy.

[DRAFT] Recommendations

It is the view of the IHIC Medication List Availability workgroup that the best way to ensure that medication lists are available to providers at the point of care is to promote ePrescribing and health information exchange (HIE) statewide, and to ensure that all possible medication list data sources are aggregated and deliverable via both these technological avenues. To that end, we make the following recommendations:

1. IHIC should work to promote ePrescribing (as defined under the CMS incentive program – therefore including transmission of an electronic medication list).
    - Support and leverage the statewide ePrescribing effort being advance by the Employers Forum of Indiana
    - Look for opportunities to leverage incentives offered to providers to ePrescribe in the context of the eventual definition of "meaningful use" of electronic health records to be published by the Office of the National Coordinator of Health Information Technology.
2. IHIC should advance HIEs as a means to deliver electronic medication lists to providers at the point of care:
    - Work with community, healthcare, and HIE leaders in communities across the state to identify a path toward delivering electronic medication lists via HIE.
        - For markets served by the INPC:
            - In the 9-county Indianapolis Market
                - Advance the awareness of the INPC within the provider community and push for greater adoption and use – especially in clinical settings outside the Emergency Department
                    - The Indianapolis Coalition for Patient Safety has aligned interests in the availability of medication lists and experience in awareness campaigns. Enlist their involvement and assistance.
            - In Evansville, Northwest Indiana (Lake and Porter Counties), Terre Haute, Kokomo, Lafayette, Vincennes, Crawfordsville,
                - With the Regenstrief Institute, investigate the feasibility and economics of gaining access to SureScripts data outside the Indianapolis market.
                - Quantify costs and identify a funding source/model.
            - Encourage the Regenstrief Institute to complete work to integrate medication list sources such as INSPECT, Wishard, Medicaid so that they are included with medication lists available through the INPC.
        - For markets not served by the INPC:
            - Determine if the MedWeb in Fort Wayne, the Michiana Health Information Network in South Bend, HealthLINC in Bloomington, and HealthBridge in southeastern Indiana, are well-suited to delivering electronic medication lists to providers in their respective markets.

    - If yes, analyze the economics and feasibility of gaining access to SureScripts, Medicaid, INSPECT and other medication data sources. Work with market leadership to advance a plan.
    - If no, propose expansion of the INPC to the market.
3. In the absence of a HIE capable of delivering a medication list at the point of care, IHIC should advance awareness of INSPECT within the provider community and push for greater adoption and use.
4. The vision assigned to the workgroup focuses on the availability of a medication list. IHIC, in future years, should turn its focus to the adoption and use of the systems that will be increasingly available as this vision is realized.
5. IHIC should consider defining minimum standards or criteria for what constitutes a valid medication list and/or medication list data source.
6. IHIC should conduct outreach, in whatever form the board deems effective, to combat the provider gaps and data gaps (identified above) that undermine the availability of electronic medication lists.